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DOES IMMEDIATE CORONARY ANGIOGRAPHY FOR CARDIAC ARREST IN PATIENTS WITHOUT CORONARY ARTERY DISEASE DETERIORATE THEIR PROGNOSIS?

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Coronary II
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Background: Immediate coronary angiography and subsequent coronary revascularization are recommended for patients after cardiac arrest. However, immediate coronary angiography may be beneficial only for patients who also undergo subsequent coronary revascularization. We assessed the hypothesis that immediate coronary angiography deteriorates the prognosis of patients who do not undergo subsequent coronary revascularization.

Methods: Patients who were treated with hypothermia after cardiac arrest and not treated with immediate coronary revascularization were enrolled in this study. Patients were divided into two groups according to whether or not they underwent immediate coronary angiography. Clinical characteristics and outcomes were compared between the two groups. P values of < 0.05 were considered statistically significant.

Results: Among the 154 study patients, 64 (42%) underwent immediate coronary angiography. There were no significant differences in age (median 60 y [interquartile range, 48 - 73 y] vs. 61 [46 - 70], P = 0.93), sex (male 78% vs. 67%, P = 0.16), and witness to cardiac arrest (84% vs. 72%, P = 0.08) between the patients who underwent coronary angiography and those who did not. The outcomes are shown in the figure.

Conclusion: Immediate coronary angiography for cardiac arrest in patients treated without coronary revascularization was not associated with delayed cooling and poor neurological outcomes but was associated with increased hemorrhagic complications.